Richland School District Two

HOMESCHOOL NOTIFICATION FORM (OPTION 2 OR 3)
SCHOOL YEAR _____

(***NOTE:*** *Must be filled out by the parent or legal guardian responsible for teaching the student at home.*)

Student's Name: _____

Date of Birth: _____

Parent or Legal Guardian's Name: _____

Address: _____

Telephone: _____

Email: _____

Why are you choosing to homeschool? _____

_____

_____

Does your child receive special education services? _____

I. Please Indicate Homeschooling Option of Choice:

☐ **Option Two:** Parents may homeschool their children with the support of the South Carolina Association of Independent Home Schools. ***Membership documentation from the South Carolina Association of Independent Home Schools is required upon withdrawal.***

☐ **Option Three:** Parents may choose a homeschool association which has no fewer than fifty members and meets the homeschool requirements. ***Membership documentation from an association for home schools is required upon withdrawal.*** **Option three homeschool associations are listed on the Richland School District Two website.**

Please provide Homeschool Association of Choice: _____

II. Educational Level of Student

A. Age: _____

B. Previous Grade Level: _____

C. Name and Address of Current/Last School Attended:

_____

_____

_____

Parent or Legal Guardian Signature: _____ **Date:** _____